

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |                                     | Docket Number (Optional)<br>60889/HO-P02894US0/10314005  |
|---|-------------------------------------|--|
| Application Number<br>10/715,897-Conf. #1386  | Filed November 18, 2003             |  |
| For MICROFLUIDIC DEVICE   |                                     |  |
| Art Unit<br>1743  | Examiner<br>D. K. Handy             |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |                                     |  |
|   | <u>Fee</u>                          | <u>Small Entity Fee</u>  |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120                               | \$60 \$  |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450                               | \$225 \$   |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020                              | \$510 \$ 1,020.00  |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590                              | \$795 \$   |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160                              | \$1080 \$  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                     |  |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                     |  |
| <input checked="" type="checkbox"/> Payment by credit card.   |                                     |  |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |                                     |  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>06-2375</u> . I have enclosed a duplicate copy of this sheet.                     |                                     |  |
| I am the  | <input type="checkbox"/>            | applicant/inventor.  |
|   | <input type="checkbox"/>            | assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |
|   | <input checked="" type="checkbox"/> | attorney or agent of record. Registration Number <u>45,872</u>   |
|   | <input type="checkbox"/>            | attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____ .                              |
| <u>/Melissa W. Acosta/</u><br>Signature   |                                     | <u>April 5, 2007</u><br>Date   |
| <u>Melissa W. Acosta</u><br>Typed or printed name   |                                     | <u>(214) 855-7163</u><br>Telephone Number  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |                                     |  |
| <input type="checkbox"/>  | Total of <u>1</u>                   | forms are submitted.   |